

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101594129

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2				1		
3						
4				1		
5				1		
6				2		
7				2		
8				2		
9				2		
10				2		
11				2		
12				2		
13				2		
14				2		
15			1			
16				1		
17				1		
18				1		
19				1		
20				3		
21				3		
22			1			
23				1		
24				1		
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26				1		
27				2		
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49						
50						
TOTAL IND.			4			
TOTAL DEP.			41			
TOTAL CLAIMS			45			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						